61

AF \$1722

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL

Attorney Docket No.

Application Number

O9/839,135

Filing Date

April 23, 2001

First Named Inventor

Group Art Unit

Examiner Name

Mitsushi YOSHIOKA

The standard of the

AMOUNT ENCLOSED 86.00 Examiner Name E. Luk FEE CALCULATION (fees effective 10/01/03) CLAIMS AS AMENDED Claims Remaining After Amendment Highest Number Previously Paid For Number Extra Rate Calculating TOTAL CLAIMS 15 - 20 = 0 X \$ 18.00 = \$ 0.00 INDEPENDENT CLAIMS 4 - 3 = 1 X \$ 86.00 = 86.00	ons
CLAIMS AS AMENDED Claims Remaining After Amendment Highest Number Previously Paid For Number Extra Rate Calculation TOTAL CLAIMS 15 - 20 = 0 X \$ 18.00 = \$ 0.00 INDEPENDENT 4 - 3 = 1 X \$ 86.00 = 86.00	ons
AMENDED After Amendment Previously Paid For Extra Rate Calculating TOTAL CLAIMS 15 - 20 = 0 X \$ 18.00 = \$ 0.00 INDEPENDENT Δ - 3 = 1 X \$ 86.00 = 86.00	ons
INDEPENDENT 4 - 3 = 1 X \$ 86.00 = 86.00	
)
Since an Official Action set an <u>original</u> due date of _, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$420); 3 months (\$950); 4 months (\$1,480); 5 months (\$2,010)):	
If Notice of Appeal is enclosed, add (\$320.00)	
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)	
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)	
Total of above Calculations = \$86.0)
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)	
TOTAL FEES DUE = \$86.00)
(1) If entry (1) is less than entry (2), entry (3) is "0".	
 (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". 	
(5) If entry (5) is less than 3, change entry (5) to "3".	
METHOD OF PAYMENT	
☐ Check enclosed as payment.	410
☐ Charge "TOTAL FEES DUE" to the Deposit Account No. below.	
No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless sp required to obtain a filing date).	ecifically
GENERAL AUTHORIZATION	
If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to	credit
any overpayment or charge any additional fees necessary to:	o. ouit
Deposit Account No. 19-3935	
Deposit Account Name STAAS & HALSEY LLP	
The Commissioner is also authorized to credit any overpayments or charge any additional fees require	ed under
37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application,	
any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g.,	
continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37	CFR
1.53(d)) to maintain pendency hereof or of any such related application. SUBMITTED BY: STAAS & HALSEY LLP	
Typed Name Michael J. Badagliacca Reg. No. 39,099	

Typed Name Michael J. Badagliacca Reg. No. 39,099

Signature Date 11-26-03

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